



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

A R GARZA-VALE MD
9480 HEBNER RD STE 320
SAN ANTONIO TX 78240

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-10-3502-01

MFDR Date Received

MARCH 30, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: A position summary was not submitted with the request for medical fee dispute resolution.

Amount in Dispute: \$5,500.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The date of 8/20/09 is less than 45 days from 7/23/09. Therefore, Texas Mutual's extent of injury dispute regarding the requestor's treatment was timely, is valid and in force, and for this reason Texas Mutual believes not payment is due.

Response Submitted by: Texas Mutual Insurance Co., 6210 E. Hwy 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 23, 2009	CPT Code 22630	\$3,000.00	\$0.00
July 23, 2009	CPT Code 22851	\$1,000.00	\$0.00
July 23, 2009	CPT Code 63030	\$1,500.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. Has the extent of injury been adjudicated?
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated November 3, 2009:

- CAC-47 – This (These) diagnosis(es) is (are) not covered, missing, or are invalid.
- 246 – Treatment/service has been determined to be unrelated to the extent of injury. Final Adjudication has not taken place.
- CAC-18 – Duplicate claim/service.
- 178 – Duplicate appeal. Request medical dispute resolution through DWC for continued disagreement of original appeal decision.

Issues

1. Did the requestor treat non-compensable body areas?
2. Was there final adjudication for the extent of injury issue?
3. Is the requestor entitled to reimbursement?

Findings

1. According to the respondents documentation a DWC PLN-11 was received by the Division on August 21, 2009 disputing compensability of the degenerative changes of the lumbar spine, L5-S1 retrolisthesis with nerve root compression and L5-S1, L3-4, and L4-5 discs bulges. The PLN-11 further states that the acceptable compensable injury extends to and includes only a resolved lumbar myofascial strain and a resolved right fascial strain.
2. According to the Decision and Order a Benefit Review Conference was held on October 6, 2009 to mediate resolution of the disputed issue, but the parties were unable to reach agreement. A Benefit Contested Case Hearing was held on November 9, 2009. According to the decision of the Hearing Officer, "The Claimant has the burden to prove by a preponderance of the evidence, that she sustained a compensable injury and the extent of that injury. The parties stipulated that the Claimant sustained a compensable lumbar spine and right knee strain on January 25, 2002. The Claimant maintains that the injury should also include her diagnosed L5-S1 degenerative disc disease or degenerative disc bulge as a result of her compensable injury. Additionally, although the Claimant does suffer from degenerative disc disease and a bulging disc at L5-S1, the evidence presented is insufficient to establish a causal relationship between the Claimant's degenerative disc disease, claimed radiculopathy and a herniated disc at L5-S1 and the compensable injury she sustained on January 25, 2002." The decision of the Hearing office is that the compensable injury sustained on January 25, 2002 does not extend to include the diagnoses of L5-S1 degenerative disc disease, L5-S1 radiculopathy and a herniated nucleus pulposus at L5-S1 with retrolisthesis and oot compression on the left. The order of the hearing officer is that the respondent is not liable for the benefits at issue in this hearing.
3. Review of the submitted documentation finds that the requestor treated the claimant and used diagnosis codes 738.4 – Acquired spondylolisthesis and 724.9 – Other unspecified back disorder which are not part of the compensable injury of lumbar myofascial strain and right fascial strain.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that no reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 20, 2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.